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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (COPIED WITH FORM 170-575)						SERIAL NO. 10-049,239		APPLICATION NO.	
						CLAIMS			
AS FILED			AFTER RE-AMENDMENT		AFTER AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
3						53			
3						55			
4		6				56			
5		10				58			
6		10				59			
7		10				60			
8		10				61			
9		10				62			
10		10				63			
11		10				64			
12		2				65			
13		2				66			
14		12				67			
15		10				68			
16		10				69			
17		10				70			
18		2				71			
19		2				72			
20		10				73			
21		10				74			
22						75			
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36						89			
37						90			
38						91			
39						92			
40						93			
41						94			
42						95			
43						96			
44						97			
45						98			
46						99			
47						100			
48									
49									
50									
TOTAL IND.		1							
TOTAL DEP.		25							
TOTAL DEP.		16							